



Hospice Weekly Recap

December 13, 2024

National Policy Pulse: 2024 Holiday Schedule and 2025 Updates. Over 700 of your LeadingAge peers join us weekly for our National Policy Pulse calls when we keep members equipped to navigate the ever-evolving landscape of aging services national policy. Here's how to stay engaged in the new year: If you're currently registered for 2024 National Policy Pulse calls, you'll remain registered for 2025 calls automatically. If you're interested in signing up for the calls (and are currently not registered), please sign up using [the link on our National Policy Pulse webpage](#). Holiday schedule:

- No call on Monday, December 23 or Monday, December 30, 2024.
- Calls will resume on Monday, January 6, 2025, at 3:30 p.m. ET.

If you would prefer to be removed from the list, please email [Janine Finck-Boyle](#).

Action Alert on Medicaid Advocacy 2025: We have written an action alert on the need to protect Medicaid from cuts and programmatic changes that would limit access to Medicaid coverage and services. Congress is actively discussing moving forward with budget reconciliation early in 2025 and as part of this process, Medicaid cuts are on the table for inclusion so we are asking that members express their support for the Medicaid program through the alert found [here](#).

OIG Issues MA Scam Alert Reminding Providers that Payments for MA Marketing Activities Are Prohibited. [The Medicare Advantage regulations related to marketing](#) explicitly state what marketing activities providers can and cannot do related to MA plans. The Health and Human Services Office of the Inspector General (OIG) issued a [special fraud alert](#) on December 11 highlighting the risks posed by MA organizations' (MAO) paying or rewarding healthcare providers in exchange for referrals. Providers should take note that such payments can come in various forms, including gift cards, goods or services. Regardless of its form, the OIG said that direct and indirect remuneration in exchange for referrals can be a sign of abusive marketing practices and it has observed an uptick in these practices in recent years. The alert outlines a series of "suspect characteristics" that providers should watch out for to avoid legal sanctions. Essentially, health care providers and their staff should not accept any type of remuneration (e.g., bonuses or gift cards) in exchange for referring or recommending patients to a particular plan or MAO. Providers should be wary of payments from plans that are disguised as payment for legitimate services but really in exchange for referrals. Providers shouldn't share patient information which could be used for marketing purposes by a plan or MAO including demographics or health status. For example, plans might be interested in current patients who will need long term nursing home care following post-acute care so they can market their institutional special needs plan (ISNP). Providers should review the [MA regulations](#) regarding what activities are permissible and which are prohibited, and establish and communicate clear policies on these practices to prevent the organization and staff from running afoul of these situations.

Congress sends letter to Dr. Oz regarding Medicare Advantage and conflicts of interest. On December 10, Senators Warren (D-MA), Wyden (D-OR), Blumenthal (D-CT), Durbin (D-IL), Merkley (D-OR), and Cardin (D-MD) along with Rep Lloyd Doggett (D-TX) sent a letter to CMS Administrator Designate Dr. Mehmet Oz regarding his previous statements on Medicare Advantage vs. Traditional Medicare. The letter highlights Dr. Oz's previous statements on wanting "Medicare Advantage for All" and calling traditional Medicare "highly

dysfunctional.” They ask a number of questions about Dr. Oz’s investments including significant stock holdings in United Healthcare. The letter can be found [here](#).

CMMI Issues 7th Report to Congress Highlighting Strategic Accomplishments. The report issued December 11 notes that between 2022 and 2024, the Center for Medicare and Medicaid Innovation (CMMI) has served more than 57 million beneficiaries through more than 192,000 providers participating in 37 active models and initiatives. During this time, nine new models were announced among them the Guiding an Improved Dementia Experience (GUIDE), and Transforming Episode Accountability Model (TEAM). The [report](#) includes a summary of what CMMI has achieved in relationship to its 2021 strategic framework and 5 strategic pillars – Drive Accountable Care, Advance Health Equity, Support Innovation, Address Affordability, and Partner to Achieve System Transformation. It also provides overviews of the currently active models.

The Senate Passes the Older Americans Act Reauthorization(OAA). On December 10, the Senate passed the [Older Americans Act Reauthorization Act of 2024\(S.4776\)](#), a critical piece of legislation that strengthens and modernizes services for older adults through 2029. OAA, sponsored by Sen. Sanders(I-VT), includes provisions to enhance access to nutrition programs, caregiver support, elder justice initiatives, and other essential services that promote the well-being and independence of older adults. The bill now advances to the House of Representatives for consideration. LeadingAge influenced the reauthorization responding to Senate Health Education Labor and Pensions(HELP) committee [request for information](#), participated in key meetings with Senate staffers and worked with advocacy groups to shape and advance the OAA reauthorization and will be working to ensure House passage.

Hearing Proceedings Begin Concerning Marijuana Rescheduling. Formal hearing proceedings regarding the Drug Enforcement Administration’s (DEA) proposed rescheduling of marijuana began on December 2. This first convening served as a procedural day to address legal and logistical issues, including for presiding Administrative Law Judge John Mulrooney to ask questions of the organizations and individuals DEA has selected and designated as hearing participants. Shortly after, on December 4, Judge Mulrooney issued a [pre-hearing ruling](#) that sets a schedule, running from January 1 to March 6, for when participants will present information and testimony in the hearing. DEA will be the first to present, then other witnesses will follow, starting with organizations supporting the proposed rescheduling and followed by organizations opposed. Once the hearing concludes, the ALJ will submit its findings to the DEA, which DEA will consider, along with public comments submitted during the rulemaking and other information, to make a final determination about whether and how to finalize the proposed rule.

OSHA Work-Related Injury and Illness Data for Calendar Year 2023 Are Available to the Public. This is a reminder that the Occupational Safety and Health Administration (OSHA) is posting [2023 injury and illness data](#) for review by the public. The information includes summary data submitted by establishments from their OSHA Form 300A, which OSHA has been posting for a number of years. New in 2024, however, is that OSHA also has posted data from the more detailed Form 300 Log of Work-Related Injuries and Illnesses and Form 301 Injury and Illness Incident Report, which certain establishments are required to electronically submit under a [new tracking of workplace injuries and illnesses regulation](#) that took effect January 1, 2024. OSHA first posted selected 2023 data in April 2024 and has since added data, including on December 11. We encourage providers to review the 2023 data, which is presented through downloadable spreadsheets, to become familiar with what information is available about your organizations and, if needed, to review it for accuracy.

Last Week’s Recap Update. Here is the December 6, 2024 [Hospice Weekly Update](#).